

# Disability discrimination claim by parent after permanent exclusion

If your child has been permanently excluded and you are **not** asking for reinstatement please use **Form 4A** instead.

Use this form **only** if you can tick all three of these boxes.

- ☐ I have parental responsibility for the child or I live with the child and the child has not reached school leaving age\*
- ☐ My child has been permanently excluded (for a state school this means the governing body has upheld the permanent exclusion) from his/her school
- ☐ I want the Tribunal to order the school to reinstate my child

Please use black ink and write as clearly as you can if completing by hand.

## Section 1: Your child's details

Surname

Date of birth

/
 /
 

First name(s)

Gender

- ☐ Boy
- ☐ Girl

## Section 2: Details of who the claim is against

Name of the school you are claiming against

Type of school

- ☐ Maintained by local authority (state name of authority)
- ☐ Academy/free school
- ☐ Independent (Private) school

Address of the school you are claiming against

Postcode

continued over the page ➡

\* You reach this age on the last Friday in June in the academic year you turn 16 (the academic year ends at the end of August). More detail is given in the Tribunal's *Guide to making a disability discrimination claim against a school - a guide for a young person who wants to make a claim*.

## Section 3: Details of who is making this claim

### 1<sup>st</sup> Claimant

☐ Mr    ☐ Mrs    ☐ Miss    ☐ Ms

☐ Other \_\_\_\_\_

Surname

First name(s)

Relationship to the child (e.g. parent, guardian, foster parent or person who has care of the child)

Address

Postcode

Telephone number(s) (including any mobile)

Email

Name of any other person or organisation who shares parental responsibility

Address of any other person/organisation who shares parental responsibility

Postcode

Is there any reason why we should not send them details of the claim?

### 2<sup>nd</sup> Claimant (if a joint claim)

☐ Mr    ☐ Mrs    ☐ Miss    ☐ Ms

☐ Other \_\_\_\_\_

Surname

First name(s)

Relationship to the child

Telephone number(s)

Address

Postcode

Email

**If you have a representative, please give details**

☐ Mr    ☐ Mrs    ☐ Miss    ☐ Ms

☐ Other \_\_\_\_\_

Surname

First name(s)

Professional status (e.g. solicitor, friend)

Is your representative legally qualified?

☐ Yes    ☐ No

Telephone number(s) (please include mobile, if available)

Address

Postcode

Email

Fax

**Who should receive information about your claim?**

We will only send papers and documents to one of the people named on this form.

☐ You (1<sup>st</sup> claimant)    ☐ 2<sup>nd</sup> Claimant    ☐ Representative

**Section 4: Information about your child's exclusion**

Have you applied to an **Independent Review Panel** for a review of the decision?

☐ Yes

If Yes, please complete the questions below.

☐ No

If No, please go to the box asking for more information about the exclusion.

Has the Independent Review Panel made a decision or recommendation?

☐ Yes

If Yes, please answer the next two questions:

☐ No

If No, we cannot fast-track your claim. We will put it on hold until you tell us the Panel's decision. Please now complete the rest of the form.

What was the decision of the Independent Review Panel?

What action has the school taken in response?

**Please give us some more information about the exclusion.**

The reasons given by the Head (or his/her member of staff) for the permanent exclusion, and your comments on those reasons:

The reasons given by the Governing Body for upholding the exclusion, and your comments on those reasons:

The reasons why you think the permanent exclusion is connected to your child’s disability:

Why do you think the exclusion was wrong?

If you need more space please continue on page 8, or on a separate sheet of paper but make sure that it is firmly attached to the form.

## Section 5: Are you making any other claims against this school?

If you wish to claim that the school discriminated against your child in some other ways, not just by permanently excluding him or her, please provide details. Leave blank any parts which do not apply. If there is not enough space, use page 7 or continue on a separate sheet of paper.

### My child was excluded for one or more fixed terms

Please give the start and end date for each exclusion and, briefly, the reasons given by the school for the exclusions (e.g. "The head teacher said my child assaulted another pupil").

#### Exclusion 1

#### Exclusion 2

#### Exclusion 3

### My child was excluded from one or more school trips or activities

Please give a brief description of each trip or event (e.g. "residential trip to Derbyshire") with dates of the trip and date of any decision or decisions about that trip or event.

#### Trip/event 1

continued over the page ➞

**Trip/event 2**

**Trip/event 3**

**My child experienced unfavourable treatment**

Please describe briefly each instance of unfavourable treatment (e.g. "I was given after school detention").  
Give dates as precisely as possible.

**Unfavourable treatment 1**

**Unfavourable treatment 2**

**Unfavourable treatment 3**

continued over the page ➞

**My child was disadvantaged because the school failed to make reasonable adjustments**

Describe briefly the disadvantage to your child, the particular adjustment(s) which were needed, when they should have been put in place and what was done instead.

**Adjustment 1**

**Adjustment 2**

**Adjustment 3**

**I am claiming because of some other discriminatory act(s) by the school**

Please give brief detail, including dates, of any other claims of discrimination by this school.

**More detail about your other claims**

Use the space below for more detail about your claim(s). Please give more detail about each of the claims, in particular:

- **what** happened, **who** was involved, and **when**
- **why** what happened related to your child’s disability, (or the disability of someone your child is associated with)
- **how** the school should have acted instead
- which **documents** are important (see also Section 9 below)



## Section 6: Late claims

We cannot normally accept a claim if we receive it more than six months after the date of the discrimination you are claiming about. If your claim is late, please explain here why the claim is late and why it is important that it should be accepted.

For a permanent exclusion claim the six months starts with the date the exclusion was upheld by the governing body, or, if applicable, the date when an Independent Review Panel sent you its decision. If you are making any other claims, it means the date of the act of discrimination; or the date when the school decided not to do something. If there was a series of connected acts, it means the date of the most recent one.

If your claim is not late, please go straight to Section 7.

If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.

## Section 7: Your child's disability

Please describe your child's disability and explain how it affects your child on a day-to-day basis. A copy of any medical or professional diagnosis, and any statement of special educational needs, should be included. (If you are claiming that your child has been discriminated against because of **another person's disability** please give details about that person's disability and the relationship of that person to you.)

If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.

## Section 8: Putting things right – governing body or proprietor

The Tribunal has no power to order a school to pay you compensation. It can only make orders against the responsible body (normally the governing body or proprietor) for a school, not against an individual.

**If the Tribunal decides in your favour, what would you like it to order?** You may like to add why you think any order you are asking for is appropriate.

If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.

## Section 9: Documents you need to send with your claim

Depending on the basis of your claim, we need copies of the following documents, if you have them:

1. Documents provided by the school setting out any decision it made which forms part of your claim (e.g. an exclusion letter from the head teacher, minutes of a meeting about your child)
2. Any document which helps the Tribunal to understand your disability (e.g. a statement of special educational needs, a relevant medical report, an assessment by a therapist or psychologist)
3. Correspondence with the school about the issues in the claim
4. Other educational documents, for example your school report, individual educational plan, school policies
5. Other documents (for example a statement from another parent of another child or young person, or another organisation)

Please list the documents you are sending with the claim, the date of each document and number of pages, its author (if known), and, if it is not obvious, why the document is relevant. You must include the exclusion documents 1 and 2, or explain why you cannot do so.

Date of document and number of pages	Name of person who signed or wrote it (or type of document)	What is the relevance of this document?

If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.

## Section 10: Witnesses and representative at the hearing

**Please name no more than five witnesses you intend to ask to give evidence at the hearing,** and tell us what why their evidence is relevant (e.g. “She is a speech and language therapist and can explain my difficulties with communication”).

### Witness 1

Name

Reason for calling

### Witness 2

Name

Reason for calling

### Witness 3

Name

Reason for calling

### Witness 4

Name

Reason for calling

### Witness 5

Name

Reason for calling

### Representative

Please give the name of the person (if any) who will represent you at the hearing.

Name

Profession

## Section 11: Special requirements

If you or another person have any special requirements, including adjustments which may be needed at the place the hearing is held, please tell us in the box below.

## Section 12: Other appeal or claim

Do you have an other claim or appeal with the Special Education Needs and Disability?

☐ No

☐ Yes, date sent    /    /     claim/appeal number

## Section 13: Sign below

☐ I/we have completed this form to the best of my/our knowledge and ability and have enclosed copies of all relevant documents.

**1<sup>st</sup> Claimant's signature**

and

**2<sup>nd</sup> Claimant's signature**  
(if joint claim)

**Or**

**Your solicitor's signature**  
(a qualified lawyer can sign on your behalf with your permission)

**Date**    /    /

## Section 14: Sending us your claim

When you have completed the claim form and signed it, please make sure you keep your own copy, and then send it and all other relevant documents to:

HM Courts & Tribunals Service  
Special Educational Needs and Disability  
1st Floor  
Darlington Magistrates' Court, Parkgate  
DL1 1RU

Or email it with electronic copies of all the necessary documents to  
sendistqueries@hmcts.gsi.gov.uk

Phone: 01325 289350

Email: sendistqueries@hmcts.gsi.gov.uk

Fax: 0870 739 4017